THREE PILOT PROJECTS TO RECEIVE STATE GRANTS TOTALLING $1.7 MILLION TO TEST CONSUMER MANAGED HEALTH RECORD BANKS

What is the problem the project wants to address?

Patients' health information is not readily available when and where it is needed. Currently, our medical records are scattered all over the health care system. There is no one entity that is responsible to pull all our health care information into one place. Health care information is not readily available when and where needed. As a result, our health care system is not as efficient as it could be and quality of care is also affected: tests are duplicated; providers act on incomplete information; medical errors and adverse outcomes occur; and without complete health information, consumers are not in control of their health care.

More complete health information that is accessible in one place will benefit consumers/patients and doctors. A consumer managed health record bank account is intended to be the place where a consumer's health information can be deposited and withdrawn when and where needed with consumer permissions. With more complete information, consumers and those engaged in their health care can make more informed decisions, avoid duplication of services, reduce errors, and improve patient safety and quality of care. Consumers can be better equipped to work with their providers and others involved in their health care as active, informed, and engaged partners.

What is a health record bank (HRB)?

It is a secure place for the storage of copies of personal health information. Like a bank, a HRB is a secure and protected place where a consumer's health information is deposited electronically and from which it can be withdrawn by consumers – for those they choose to grant access to, when and where it is needed.

It is a protected location where patient information can be deposited. Like a bank, there is a trusted community organization that is charged with building a secure, protected, and highly reliable electronic health information system where consumer's health information can be received from wherever a consumer gets their health care.

What is the pilot program meant to address?

The three community pilot projects are intended to test the usage and benefits of health information when managed by consumers in cooperation with their doctors. This proof of concept pilot program is probably the first in the country to use consumer managed health record bank accounts. In this model, local communities through trusted and known organizations are in the lead and are partnering with national and regional vendors in building the HRB. This phase of the pilot is to see if the basic pieces of the community health record bank model work and test if consumers can use and share their health information with providers, family members, and others involved in their health care (with consumer permission) to improve their health.

Overall goals for these "proof of concept" pilot projects:

1. Create a mechanism for consumers in Washington State to sign up for HRB accounts that are electronically populated with copies of portions of their health and medical records from various sources.
2. Consumers must be able to access, use, verify and make notations to this information, as well as add new information of their choosing.
3. Consumers must then be able to manage when, how, and with whom they will share all or part of the contents of their HRB accounts.

What do we hope to learn?

These pilot projects will help us learn what policies and business practices need to be put in place, how to gain support and trust of medical personnel as well as patients/consumers, and how to improve the flow of health information. In addition to the basic lessons above, we want to learn what public policies need to be developed to support a consumer-centric health record bank and what the proper role of the state ought to be.

a. What needs to be done and what policies, protections, and incentives need to be developed to get consumers and providers to use a HRB?
b. How much and what health information is needed to provide value to the consumer or user of a HRB?
c. What are the next logical steps indicated for moving towards greater provider participation?
d. How can timely copies of health information be obtained?
e. What needs to be done to earn the trust of the public with these pilot projects?
f. What needs to be done to earn provider trust and minimize provider barriers and obstacles to adopt this model?
g. How do we make sure that we do not widen the gap with health disparities and that we address special population needs?
h. What do we need to do to make sure that we develop ways to improve population health and public health surveillance?

What is the health data set that will be included by the pilots? (And why these?)

Initially, the focus of what health information to include was medications, medication allergies and advanced directives. A number of national surveys, informal surveys, as well as consumer and provider feedback indicate several key items will provide the greatest value for both consumers and providers: medications, medication allergies, and advanced directives. While the pilot minimum was to provide medications, medication allergies, and advanced directives, all pilot awardees indicated that they would also offer additional data and would include immunizations and lab results. Some pilot sites will offer more than this, but it is important to note that all pilots will offer more than the minimum required for the proof of concept.

What are the public policy goals supported by the grant program?

The program is focused on the recommendations of the Governor's five-point health initiative and Blue Ribbon Commission. The project addresses legislation that resulted from the Governor's Blue Ribbon Commission on HealthCare Costs and Access, Engrossed Second Substitute 5930, chapter 10. It also addresses the Governor's five-point initiative on health care.

Who else is doing this?

Kentucky, Oregon, and South Carolina have similar efforts. There are a few states that are actively pursuing the HRB model and are at various stages in their development. Some of them include Louisville Health Information Exchange (LouHIE) a project in Louisville, Kentucky, that will also implement a community health record bank sometime during 2009. The state of Oregon applied for and received a federal grant to implement a Medicaid health record bank project by 2009. South Carolina, with the federal Medicare program and a private vendor has embarked on a pilot health record bank project for its Medicare population. There are other states and regions involved in the Health Record Banking Alliance (HRBA) that are in various levels of model development and implementation.

What are the risks associated with this project?

This project has worked to avoid the biggest risks: starting from scratch to create the technology infrastructure and gaining participation of patients and doctors. One of the reasons for a proof of concept pilot is to make sure that we work the bugs out of the system and learn what will work and what may need to be improved.

One major risk is that of having to develop and build the technology needed for the HRB model. It was the intent of the HCA to solicit applications from communities with well-established technical infrastructures and systems to avoid building from scratch. The selected communities demonstrated that they have the technology and ability to facilitate a rapid enhancement of their systems and accomplish what needs to be done by the end of this year for implementation in early 2009.

The second is the risk of "build it and they will not come". Equally important in selecting communities with solid information technology infrastructure is the need to demonstrate that they have well established, credible, trustworthy, and effective organizations and partnerships to make the "people connections" necessary to engage and enroll community members in the pilots. By selecting communities with demonstrated experience and deep technical and people infrastructures we believe we are adequately managing these risks.

How can consumers and others find out more about this project and how would they join a HRB?

Check out www.AccessMyHealth.org. To educate consumers and get their input on HRB issues, we have created a website called www.AccessMyHealth.org. This group of consumers, doctors and others created this website to serve as one of the main vehicles for educating and gathering input from all kinds of Washingtonians. Anyone can get involved in helping us find out what consumers want and expect from a HRB – we even want citizens to sign up and take two online surveys. Survey results will also be posted periodically and will tell us what we learn about consumer preferences, concerns, and issues regarding health record banks.

The first health record banks will be operational in three Washington communities in early 2009 – Wenatchee, Spokane and Bellingham. The Access My Health website will soon provide further information on how to get involved in the community health record bank pilot sites and share what we are learning with the pilots, providers and consumers. Please check for further information by visiting www.AccessMyHealth.org.